

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 7-1-03.

I. DISPUTE

Whether there should be reimbursement for CPT codes: 95935-26-27, 95900-26-27 and 95904-26-27.

II. FINDINGS

The respondent denied reimbursement based upon “N – No evidence the provider who performed the technical portion of the test was certified in electrodiagnostics.”

The Texas Board of Chiropractic Examiners wrote that nerve conduction studies were part of the scope of practice of a licensed DC in Texas. Therefore, provider was within scope of practice and was appropriate healthcare provider.

III. RATIONALE

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
8-2-02	95935-26-27 (X6)	\$318.00	\$0.00	N	\$53.00/ extremity	Modifier -26 Medicine GR (IV)(B)	The claimant's symptomatology was low back pain at L2 to L5 paraspinal musculature bilaterally that radiates down to the left posterior aspect of the thigh...performed on the left and the right side for comparative interpretation. Per Medicine GR (IV)(B)(2)(b), reimbursement for testing on lower extremities is supported. According to MFG, F-wave reimbursement is allowed on one lower extremity. The MFG allows for reimbursement of both H-wave studies when performed. Reimbursement of \$53.00 X3 = \$159.00 is recommended.
	95900-26-27 (X4)	\$256.00	\$0.00		\$64.00/ nerve	Medicine GR (IV)	NCV report supports testing of Tibial and Peroneal nerves. Reimbursement of \$64.00 X 4 = \$256.00 is recommended.

	95904-26-27 (X4)	\$256.00	\$0.00		\$64.00 / nerve	Medicine GR (IV)	NCV report supports testing of Sural and Peroneal nerves. Reimbursement of 4 X \$64.00 = \$256.00 is recommended
TOTAL							The requestor is entitled to reimbursement of \$761.00.

IV. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement for CPT codes (95935-26-27, 95900-26-27 and 95904-26-27) in the amount of **\$761.00**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$761.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 13th day of April 2004.

Elizabeth Pickle
Medical Dispute Resolution Officer
Medical Review Division